

LOCAL GOVERNMENT INVESTMENT POOL  
TREASURY MANAGEMENT SYSTEM (TMS)  
LOGON AUTHORIZATION FORM

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Name of Entity: \_\_\_\_\_

TMS Logon IDs and Passwords are requested for the following:

**NOTE: Full Access persons must be listed on the LGIP Transaction Authorization Form**

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only | 2. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only | 3. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only |
|--|--|--|

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

- |  |  |  |
|--|--|--|
| 4. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only | 5. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only | 6. <input type="checkbox"/> Add <input type="checkbox"/> Delete<br><input type="checkbox"/> Full Access <input type="checkbox"/> View Only |
|--|--|--|

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(E-mail address)

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER  
LOCAL GOVERNMENT INVESTMENT POOL  
LEGISLATIVE BUILDING  
PO BOX 40200  
OLYMPIA WA 98504-0200

<b>Date Received:</b> ____ / ____ / ____ <b>Fund Number:</b> _____ <b>(for LGIP use only)</b>
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